

(For ASBPA use) Registration No. \_\_\_\_\_  
 Form expires 10/31/04; Registration expires: 12/31/04

## ARKANSAS STATE BOARD OF PUBLIC ACCOUNTANCY

101 E. Capitol Avenue, Suite 450  
 Little Rock, AR 72201  
 501 682-2574

Notice to Board of Accountancy of Intent to Practice  
 In Jurisdiction Pursuant to A.C.A. §17-12-311

A.C.A. §17-12-311 sets out eligibility standards for substantial equivalency practice privileges. See also Board Rules 6 and 10.

Name (First, Middle, Last) \_\_\_\_\_

Physical Home Address \_\_\_\_\_

Business Name \_\_\_\_\_

Arkansas License number of Business: \_\_\_\_\_

Business Mailing Address \_\_\_\_\_

Business Telephone and E-mail \_\_\_\_\_

I wish to practice in Arkansas as a sole proprietor (      ); I wish to practice as a representative of my employer (      ).

Affirmations of Licensee:

I affirm that I hold an active certificate and license to practice as a Certified Public Accountant in the state of:

Cert. #      License #      . License expires on (date) \_\_\_\_\_.

Declarations of Licensee:

By submitting this Notice to the Arkansas Board of Accountancy or to NASBA's National Qualification Appraisal Service I declare:

- My CPA certificate is in good standing, having been validly issued and not having been suspended or revoked.
- Under penalty of perjury, that the information provided in this application is true and correct.
- That I am familiar with, and will comply with, the Laws and Regulations of Arkansas
- That I acknowledge that I am subject to discipline of practice privileges including, but not limited to, revocation of practice privileges for any violations of the laws of Arkansas governing the practice of public accountancy and for any act which would be cause for discipline if done by a licensee of Arkansas or fraud or deceit in obtaining such privileges.
- That any change in standing of my CPA certificate may result in immediate withdrawal of practice privileges in Arkansas.

Criminal Convictions

Is there currently action pending or have you been charged or convicted of any crime other than minor traffic violations? (      ) No, (      ) Yes. If yes, please describe the offense and disposition of case, case number, date, name and address of court on separate piece of paper and attach to this form.

Discipline

Is there currently action pending or has your license been cancelled, revoked or suspended or denied renewal of authority 311(a)(7) (      ) No, (      ) Yes?

If yes, have you been charged or disciplined, or had your right or privilege to practice suspended or revoked, or been placed on probation by any state board of accountancy or other governmental agency foreign or domestic for any other purpose than non payment of fees? (      ) No, (      ) Yes. If yes, on a separate sheet, please provide the name and title of the proceedings and the state board of accountancy or governmental agency involved as well as the disposition of the charges and the date of such disposition and attach to this form.

THIS DOCUMENT NOTICE DOES NOT CONSTITUTE NOTICE TO THE STATE BOARD OF ACCOUNTANCY OF LICENSEE INTENT TO PRACTICE IN THIS STATE PURSUANT TO PRACTICE PRIVILEGES FOR LICENSEES OF OTHER STATES UNTIL IT IS ENDORSED BELOW AS RECEIVED AND FILED BY THE BOARD OF ACCOUNTANCY.

Signed: \_\_\_\_\_ on \_\_\_\_\_, 20 \_\_\_\_\_

*To be completed by the Arkansas State Board of Public Accountancy*

ENDORSEMENT OF RECEIPT AND FILING OF NOTICE BY THE BOARD OF ACCOUNTANCY.

Verification of applicant's license in the state of \_\_\_\_\_ completed by \_\_\_\_\_ on \_\_\_\_\_.

Date: \_\_\_\_\_ Arkansas State Board of Public Accountancy: \_\_\_\_\_ BOARD SEAL

By: \_\_\_\_\_  
 (Signature and Title)